

City of Greensboro, North Carolina  
**APPLICATION FOR FUNDING**  
**FY 2005-06**  
**Housing Development Request For Proposals**

**APPLICATION FORM**

**PART 1: APPLICANT/OWNER INFORMATION**

**A. Project Name and Address**      Project Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

**B. Owner/Applicant Information**      Organization Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Federal Taxpayer ID Number \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
E-mail \_\_\_\_\_  
What entity will own project? \_\_\_\_\_  
(Note: the Applicant must be the Owner of the development)

Person authorized to negotiate and sign legal contracts for the organization  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
E-mail \_\_\_\_\_

**C. Type of Organization**      For Profit organization  
Nonprofit organization  
Nonprofit organization applying for CHDO eligibility  
If Applicant is a nonprofit organization or nonprofit organization applying for CHDO eligibility, attach as **Exhibit 1** a copy of each of:

- Articles of Incorporation
- Bylaws
- IRS 501(c)(3) determination letter
- Current list of all members of the Board of Directors, including name, address, and beginning and ending dates of term

**D. Administrative Restrictions**

Has the Applicant organization or partner/member received an unsatisfactory rating on a publicly funded project or been debarred for any period of time?  
Yes No

Has the Applicant organization or partner/member been involved in any lawsuits?  
Yes No

Are there any outstanding judgments against the Applicant organization or partner/member?  
Yes No

Has the Applicant organization or partner/member been involved in mortgage default within the last 5 years on any federally or state funded project?  
Yes No

If any of the above responses was "Yes," provide a short explanation (attach additional sheets if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Audit**

Attach as **Exhibit 2**, the Applicant's two most recent annual **audited** financial statements with management letters, or certified statement of Revenues and Expenses, or Partners/Members statements if there are none available for the Applicant organization. For nonprofits attach proof of approval of financial statements from Board of Directors.

**F. Experience**

As **Exhibit 3**, describe the housing experience of the Applicant or partner/member within the last five (5) years. For each previous project include the name of the project, number of units, type of financing, and indicate whether financed with any public funds.

Describe the qualifications of partners in the development process. All roles and responsibilities in the development process should be outlined and assigned to qualified development team members.

Attach a list of all individuals associated with the Applicant or the ownership entity that have a reportable financial interest in the project. Detail the type of participation in the project, and percentage and dollar amount of financial interest in the project.

If applicable, describe the supportive services experience of the service provider. Please include the number of individuals currently receiving project-based supportive services from this organization.

## PART 2: PROJECT INFORMATION

Submit one completed copy of Part 2, with all required documentation, for each activity for which you are requesting Program funds.

☐ New Construction    ☐ Acquisition and/or Rehabilitation    ☐ Other HOME-eligible Activity

A. Address of Site: \_\_\_\_\_  
\_\_\_\_\_

B. Brief Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Priority Objective    Please choose the Strategic Plan Priority that this project best meets:  
Affordable Rentals for Very Low Income Persons  
Transitional & Permanent Housing with Supportive Services  
Rehabilitation of the Existing Housing Stock  
Affordable Homeownership for Low and Moderate Income Families  
Other HOME Program-eligible Community Priorities

D. Target Population    For Housing with Supportive Services Projects: Identify below the type(s) of population(s) that will be residents of the project (e.g. physically disabled children, mentally ill adults, etc). If relevant, please identify number or percentage of units reserved for certain populations.

\_\_\_\_\_  
\_\_\_\_\_

E. Income Targets    See [Appendix A](#) for a list of area median incomes:

- Number of units affordable to households earning less than 30% of area median income \_\_\_\_\_
- Number of units affordable to households earning 31-50% of area median income \_\_\_\_\_
- Number of units affordable to households earning 51-80% of area median income \_\_\_\_\_
- Number of units affordable to households earning in excess of 80% of area median income \_\_\_\_\_

Total number of units in project \_\_\_\_\_

## F. Affordability

In **Exhibit 4**, describe how the project will protect the long term affordability of the units. Attach copies of deed restrictions, buy back clauses or evidence of other methods of preservation of affordability.

For how many years will affordability be protected \_\_\_\_\_

## G. Housing Units

Describe the housing unit configuration of the proposed project:

Number of Bedrooms	(a) Number of Units	(b) Square Feet per Unit	(c) Number of Bathrooms (note if shared)	(d) Purchase Price for Ownership	(e) Rent (paid by resident)	(f) Rent Subsidy	(g) Utilities*
Efficiency							
1 Bedroom							
2 Bedrooms							
3 Bedrooms							
4 Bedrooms							
<b>Total Units</b>							

Note: If project is using Utility Allowances different from those calculated by the Greensboro Housing Authority (Form HUD-52667), they must be documented by utility company data.

## H. Utilities Configuration

**Heat:** Gas Forced Air Electric Baseboard  
 Electric Heat Pump Other \_\_\_\_\_  
**Hot Water:** Gas Electric Other \_\_\_\_\_  
**Air Conditioning:** Window Units Central Air

## I. Systems

Check the following existing systems that are adequate and available at the site:

Storm Sewer Water Natural Gas  
 Sanitary Sewer Electric

## J. Support for Neighborhood Objectives

Document in **Exhibit 5** if your project is in conformance with the objectives in a published neighborhood plan, central business district plan or the Connections 2025 Comprehensive Plan. Whether or not you identify one of the above plans as supporting your project, submit documentation of any neighborhood support for your project from neighborhood representatives.

**K. Environmental**

Check any of the boxes that describe the site:

Historic/archaeological significance	Has asbestos
In flood plain	Has lead-based paint
Adjacent to major highway	Near railroad/airport
Has hazardous waste	

**L. Access  
to Services**

Describe proximity of following services and facilities to proposed project site.  
Provide a map of project location indicating proximity of each service to site,  
attach as **Exhibit 6**.

SERVICE/FACILITY	PROXIMITY TO SITE
Supportive services including medical facilities	
Employment centers	
Parks and Recreation	
Schools	
Shopping facilities	
Public Transportation	

**M. Evidence of  
Zoning**

Submit as **Exhibit 7**, a written statement on the Zoning Department letterhead stationery indicating that the proposed use of the site is permissible under applicable zoning ordinances or other appropriate land development regulations.

**N. Site Control  
and Value**

Check the box that best describes the form of site control held at time of application. Include a copy of the appropriate document as **Exhibit 8**.

Deed or other proof of ownership	Long-term lease
Executed Option to Purchase	Other _____

Does a direct or indirect identity of interest exist between the Applicant and the seller of the property?      Yes      No

If yes, specify relationship: \_\_\_\_\_

A copy of an appraisal of the land for new development or land and building(s) for acquisition and rehabilitation projects is required. The Department strongly recommends that the Applicant get an appraisal prior to securing site control to ensure a fair price.

**O. Relocation**

Attach as **Exhibit 9**, a relocation plan providing the information listed below if proposed project requires permanent or temporary relocation of individuals,

households or businesses currently occupying the site. If the project does not require relocation, no attachment is necessary.

1. The total number of units and the number of occupied units. Indicate whether the occupied units are owner or renter units. Describe also nonresidential units in need of relocation.
2. The number of occupants to be permanently relocated, the number to be temporarily relocated, the number that will remain and the plan for relocating all affected occupants.
3. The estimated cost of any planned relocation as well as the source of relocation funding, and the agency or organization overseeing the relocation process.
4. An explanation of any residential or nonresidential relocations from the site in the past year.

**P. Affirmative Marketing Plan and Supportive Services Plan**

Attach as **Exhibit 10**, a copy of the proposed project's affirmative marketing plan and supportive services plan (if supportive services are applicable).

**Affirmative Marketing Plan must include:**

1. The project's referral and tenant selection policies.
2. The project's typical advertising and affirmative marketing activities, with particular emphasis on activities taken to fill units targeted to special populations. (Note that these activities should be in compliance with the HOME Affirmative Marketing Policy as adopted by the City of Greensboro).

**Supportive Services Plan must include:**

1. The project's referral and tenant selection policies. An explanation of how tenants' need for supportive services are identified. A description of how individual services plans are developed and implemented.
2. A description of the service needs of the special needs population served by the proposed project. A detailed description of supportive services to be provided to residents. The name(s) of the agency(ies) that will be responsible for providing supportive services. How, when, how often, and where supportive services will be provided to residents. A description of the qualifications of staff who will provide supportive services to project residents.

The Applicant organization must include a statement indicating the length of the organization's commitment (in terms of time or resources) to ensure the provision of supportive services to the project.

Please include the number of individuals to whom the service provider currently provides supportive services.

3. An analysis of the success rate of the services program. For example, "based on a five year follow up examination, 35% of residents of our transitional housing program for homeless persons achieve and maintain self-sufficiency for two years or more after leaving the facility." Please include statistics.
4. If program fees other than rent and utilities will be charged to residents of the proposed project, describe the costs per month, what services and other expenses are covered by the fees, and any refund policy for residents leaving the program.

**Q. Bonus Points**

Check the box(es) of any categories for which you feel that your project is eligible to receive bonus points. Please provide documentation in **Exhibit 11** of your reasons for qualification.

**Low Income Family Rental Units**

Up to two points for projects where a majority of the housing units are family (non-elderly) rental units affordable to families making less than 50% of the area median income.

**Public Housing Replacement Units**

Up to two points for projects that include public housing replacement units through a mixed finance agreement with the Greensboro Housing Authority.

**Mixed Income Development**

Up to two points for projects that serve a mix of income level families. Projects that include public housing replacement units would automatically qualify. Other rental housing projects that provide a range of rents, at least 25% of which would be considered market rate housing units and at least 25% would be affordable to families making less than 30% of area median income would qualify. Homeownership projects would qualify if at least 25% of the homes in the project have sales prices of less than \$90,000 and 25% of the homes have sales prices above \$110,000.

**Mixed Use Development**

One point for projects that include a mix of uses (for example: a single family housing development with townhouses and commercial development included; or a multi-family development with live/work units.)

#### Energy Efficiency

One point for projects that incorporate the Star Home Program requirements of the North Carolina Community Development Initiative or another documented energy savings program that provides guaranteed EPA Energy Star Certification of the finished housing units.

#### Accessibility

One point for projects designed to increase housing accessible to those with mobility impairments. To receive this point, 25% or more of the units must be fully handicap accessible, as defined by Federal and State guidelines.

#### New Projects

One point for projects specifically designed to serve as complements to existing City programs or meet specific objectives identified in the Connections 2025 Comprehensive Plan.



## PART 3: PROJECT DEVELOPMENT COSTS

**A. Design**      **As *EXHIBIT 12*, attach the information requested in this section for each building constructed, rehabilitated or acquired using Program funds.**

1. Provide a copy of preliminary site plans, building elevations, floor plans, preliminary work write-ups, specifications or photos of similar projects (include address for subject photos). After project approval, final site plans, elevations, floor plans, work write-ups and specifications, as well as detailed cost information will be required. It is expected that the rest of the information provided in this part will generally remain the same.

Proposals which involve adaptive re-use of a structure for residential use should include a scope of planned renovation work including major systems being replaced and major alterations in building design.

Renovation proposals of residential structures should include a hazard inspection, structural inspection, and a termite report. The hazard inspection should include at a minimum the identification of lead-based paint and asbestos in the building with a plan and budget for remediation. A physical needs assessment (PNA) should be submitted to summarize the existing condition of all major systems in the building as well as fixtures, appliances, cabinetry, floor coverings, and paint. Recommendations on replacement and repair should be provided.

2. Provide a description of your procurement process for the architect, contractor, construction manager, etc. for the construction of this project. Include requirements for qualification – company statements of qualification or resumes of key personnel. Identify any Identity of Interest. **All projects funded through the RFP process will need to comply with the City of Greensboro's Minority and Women Business Enterprise Plan for Construction, Procurement and Professional Services.**
3. Provide a development timetable for the project.
4. Describe how the project will promote energy efficiency or any innovative construction methods or technologies that increase the structure's durability, security, and/or that promote efficient construction above Code requirements. HOME funded single and multi-family new construction projects must meet or exceed the Model Energy code.

## B. Finances

**ALL REQUESTED FINANCIAL DOCUMENTATION MUST BE INCLUDED IN YOUR EXHIBIT. If you do not understand what is being requested, please contact the department prior to the application deadline. Note that the City no longer provides residual receipt or cash flow loans. The City loan must be in first or second lien priority.**

**Exhibit 13:** detail your:

- proposed development budget,
- sources and uses, including proposed terms for City funding
- one year operating budget ,
- Pro forma (project cash flow), including rental subsidy and reserves, **Debt coverage ratio (DCR) must be 1.15 or greater for the entire loan term. Period of affordability must be covered by pro forma.**
- all sources that you have contacted for funding and the results of those requests, and
- letters of commitment for project development funding, including construction financing.

### **Exhibit 14: (LIHTC/Bond projects only)**

Projects which have submitted a preliminary application to the NCHFA LIHTC/Bond financing programs, please submit a copy of your preliminary application form without attachments.

**Subsequent submittal of market and site scores (as available) will be required.**

## **PART 4: CHDO ELIGIBLE NON-DEVELOPMENT PROPOSALS**

Projects applying for CHDO eligible non-development projects must provide program/project information as applicable under the preceding application questions. Additional information on program/projects and overall budget should be attached as **EXHIBIT 15**.

## **PART 5: SIGNATURE OF AUTHORIZED OFFICIAL**

By signing below, the Applicant certifies that the information provided in this application is true and complete.

By: \_\_\_\_\_

Signature of Authorized Official

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX A

### 2004 Income Limits – Greensboro Winston Salem High Point MSA

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
30%	11800	13450	15150	16850	18200	19500	20850	22200
50%	19650	22450	25250	28050	30300	32550	34800	37050
80%	31400	35900	40400	44900	48450	52050	55650	59250

### 2004 HOME Rent Limits – Greensboro Winston Salem High Point MSA

	Efficiency	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
Low HOME Rent	438	500	595	729	813	898	981
High HOME Rent	438	500	595	821	834	959	1084
Fair Market Rent*	438	500	595	821	834	959	1084

\*Areas of Guilford County including some areas within the City of Greensboro limits are subject to a Fair Market Rent Area Exception Payment Standard as published by the Dept. of Housing and Urban Development.

If 2004 Income and Rent Limits for the HOME program are published within the timeframe of application or the review process, they will be incorporated as the program limits for development under this application. Note that published 2005 Fair Market Rents are a significant increase over prior years and could effect a rise in HOME program rents for 2005. HOME program rents are typically published by HUD in February.

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Note to Future Project Developers: The City is considering not having an application cycle in January 2006 in order to issue forward commitments for 2007 projects through an application process in late 2006.